

# REHABILITATION COUNSELING BULLETIN

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## *STUDENT ISSUE*

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DIVISION OF REHABILITATION COUNSELING  
AMERICAN PERSONNEL AND GUIDANCE ASSOCIATION

PRESIDENT: Abraham Jacobs, Professor of Education and Coordinator of Rehabilitation Counselor Training Program, Teachers College, Columbia University, New York 27, New York

PRESIDENT-ELECT: Lloyd H. Lofquist, Professor of Psychology and Coordinator of Rehabilitation Counselor Training Program, University of Minnesota, Minneapolis 14, Minnesota

PAST PRESIDENT: William M. Usdane, Professor of Education and Coordinator of Special Education and Rehabilitation Counseling, San Francisco State College, San Francisco 27, California

SECRETARY: John E. Muthard, Associate Professor and Coordinator of Rehabilitation Counselor Training Program, State University of Iowa, Iowa City, Iowa

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## MESSAGE FROM THE PRESIDENT

I would like to take this opportunity to extend a personal greeting to all DRC members. A most gratifying aspect of these greetings is the fact that they are reaching more than 600 professional persons whose continuing interest in rehabilitation is manifested through their membership in DRC.

I can think of no better way to comment on the active year ahead of us, than to describe some of the progress your committees have made in relation to DRC activities. Howard Mausner and his Program Committee are lining up a most stimulating agenda for the 1961 Convention. In addition to seminars and presentations focusing on rehabilitation, DRC may, for the first time, sponsor professionally oriented films at the meetings. Programs to be offered in cooperation with other APGA Divisions will give DRC members an opportunity to learn more about the counseling and rehabilitation programs of other APGA members.

Dan Sinick, as new Editor of the Bulletin, is implementing several ideas of his in relation to a different type of Bulletin which will carry on the contributions this important means of communication has made to the entire DRC program. Despite some setbacks in our securing financial support for the proposed Digest, John Muthard continues to plan actively for regular publication of digests of articles related to our work.

I have had a meeting with Marvin Wayne, and his plans for a very active year should result in a marked increase in the DRC membership, if all DRC members are willing to cooperate. His plans call for the active solicitation of new members by everyone presently holding DRC membership. Certainly the increasing role that DRC is playing in the total rehabilitation program should not make such a task too difficult.

It is evident from the above, that your Officers, Executive Council, and Committee Chairmen are devoting a great deal of time and effort to continue the progress that DRC has shown since its organization in 1957. However, the ultimate success of all our efforts rests primarily on the individual contributions of all members. May I urge you to send your ideas about Convention programs to Howard Mausner, respond to Dan Sinick's request for articles, and consider yourself a member of the Membership Committee, in our continuing effort to enlist as DRC members, all persons engaged in the many-faceted rehabilitation program. It is my sincere belief that, as you read this issue of the Bulletin, you will derive professional satisfaction and personal pride in belonging to an organization like ours, devoted to a program of constructive service to so many of our fellow citizens.

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Abe Jacobs

#### ARE CONVENTIONS TOO CONVENTIONAL?

If you think so, suggest program ideas to Dr. Howard Mausner, DRC Program Chairman, 158 Fillmore, Denver 6, Colorado. Perhaps you'd like to present a paper or otherwise participate. Act at once for Denver in 1961, but also make suggestions for Chicago in 1962 and Boston in 1963.

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#### EDITOR'S ELBOW ROOM

Building on the firm foundation laid by Lloyd Lofquist, the Bulletin plans to increase its proportion of professional articles. Readers are therefore invited to submit manuscripts for publication.

Two topics are proposed now for symposium treatment in an early issue. One is concerned with the rehabilitation counselor's relative responsibility to society, agency, and client. The other has to

do with how rehabilitation counseling is like and unlike other disciplines. Brief manuscripts on these and other topics are welcome.

Also welcome are "Letters to the Editor" on any topic related to rehabilitation counseling. Letters can contribute much to professional communication. Why not share your reactions, for example, to the articles in this issue?

This is the first Student Issue. If the idea meets with favor, it will be repeated each September. It may indeed have to be repeated more often, so plentiful were the papers submitted by rehabilitation counselor trainees. To accommodate as many articles as possible, drastic editorial liberties were taken. The authors' indulgence is humbly requested.

Daniel Sinick

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INTELLIGENCE RELATED TO TEN OCCUPATIONS HELD BY  
BLIND WORKERS: A STUDY OF 259 CASES  
REHABILITATED BY THE NORTH CAROLINA STATE  
COMMISSION FOR THE BLIND

Betty E. Cogswell  
North Carolina State College

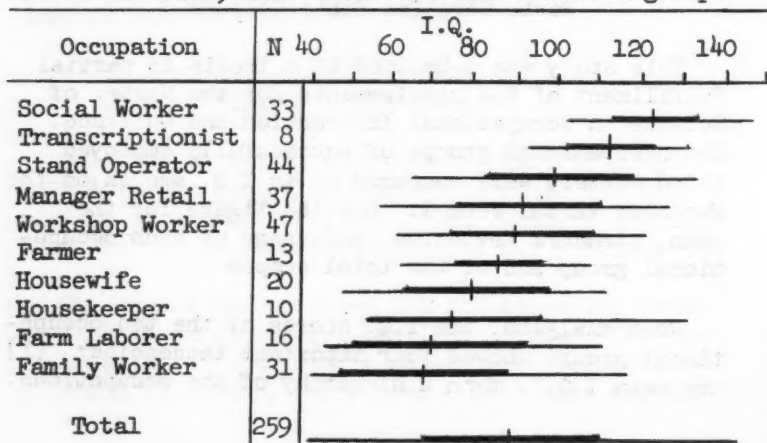
This study was submitted as a thesis in partial fulfillment of the requirements for the Master of Science in Occupational Information and Guidance. Ten occupational groups of successfully employed blind workers were compared as to I.Q. scores on the Wechsler Verbal Form I. See the figure for the mean, standard deviation, and range of each occupational group and of the total sample.

When analyzed, the I.Q. scores of the ten occupational groups showed four important tendencies: (1) the mean I.Q.'s form a hierarchy of the occupations.

(2) There is an overlapping in range of all of the occupations. (3) The variance was smaller for the occupations with the higher means and larger for those with the lower means. (4) The means of the occupations at the upper and lower level of I.Q. range show a significant difference with more occupations than those in the middle range.

With proper interpretation, these findings can be of use in the vocational counseling of the blind. All counselors realize that intelligence is only one of many factors involved in a successful occupational choice, and do not suggest that the client make a choice on the basis of an I.Q. score alone. However, the norms of this study can be used as guides in making a decision. Approximate lower limits for the higher level occupations can be used to steer clients with I.Q.'s lower than these limits into other occupations in which they will be more successful. The large range of I.Q.'s for the lower occupations, however, makes it almost impossible to establish an upper limit.

WECHSLER VERBAL I.Q. MEAN, SIGMA SPREAD, AND RANGE BY OCCUPATION. Total line indicates range, heavy line the interval from one sigma below to one sigma above the mean, cross line the mean for each group.





AN ATTEMPT TO CHANGE ATTITUDES  
TOWARD THE CEREBRAL PALSID

Robert Staffieri and Bernard Klappersack  
Springfield College

The purpose of this pilot study was to determine whether overt attitudes toward persons with cerebral palsy could be changed by showing a film favorable to such persons. The hypothesis for this study was as follows: Subjects questioned immediately before and after being exposed to favorable propaganda (a film) concerning cerebral palsy will show no significant change of attitudes.

In testing this hypothesis a modified Bogardus Social Distance scale was administered to 44 sophomore psychology students at Springfield College. The students were divided into two groups of 22 each, one an experimental group and the other a control group. The experimental group was given the questionnaire, then shown the movie "Deadline 53 Minutes", which is designed to create favorable impressions toward cerebral palsied people. After the movie the experimental group was given the same questionnaire with the questions in a different order to try to eliminate response set. The control group was given the same questionnaire, then had a regular class period, and were then given the questionnaire again with the questions in a different order. The mean age of the members of the experimental group was 22.13 with a range of 18 to 37. The mean age of the members of the control group was 22.59 with a range of 19 to 47.

According to our statistical methods of analysis, the sign test and the T scale, the above stated hypothesis was found to be significantly correct. The results showed that any significant change of response by either group was merely due to chance. There was change indicated by individuals on certain questions, but this change was not statistically significant.

A number of reasons could be offered explaining the failure of the movie to effect change of attitudes. Many attitudes are developed in an emotional context; therefore when changing attitudes one must reach this emotional level in order for any effective change to take place. It is the belief of the authors that the movie merely struck at the superficial, cognitive level of the individuals, not involving them emotionally to any great extent.

There are numerous areas in regard to attitude change that would benefit by further experimentation. The question of what type of communication effects the longest term change of attitudes is a question which has not yet been answered successfully and is perhaps one of the most vital areas in need of investigation.

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#### A COMPARISON OF ALCOHOLICS AND NONALCOHOLICS

Hazel V. Clarke  
North Carolina State College

This study was designed to ascertain the personal and social preferences of 100 white male alcoholics, between 35 and 50 years of age, and 100 males, in the same age range, who were assumed to be nonalcoholic. The two groups were matched as to age and race.

Fifty of the alcoholics were chosen from the patients at the North Carolina Alcoholic Rehabilitation Center at Butner and 50 from Dorothea Dix Hospital at Raleigh. Scores for the alcoholics were compared with the scores of 100 subjects selected from the private files of Dr. G. Frederic Kuder, author of the instrument used in the study. The Kuder Preference Record-Personal was administered to the 100 alcoholics in the study. The comparative group of 100 males had taken the Record previously.

The Record is made up of five scales that describe different types of personal and social activities:

- A. Preference for being active in groups
- B. Preference for familiar and stable situations
- C. Preference for working with ideas
- D. Preference for avoiding conflict
- E. Preference for directing or influencing others

Subjecting the data to the "F" test revealed no significant difference, at the .05 level, between the scores of the alcoholics and the scores of those assumed to be nonalcoholic on scales A, B, C, and D. A significant difference, at the .05 level was found on the E-scale. The alcoholics showed a lower preference for the activities of this scale.

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#### AN EXPLORATORY INVESTIGATION OF EMPLOYER ATTITUDES TOWARD HIRING THE MENTALLY RETARDED

James F. McCourt, Frank C. Eldridge,  
and Odile J. Mailhoit

Boston University

This investigation had a two-fold purpose: first, to investigate the expressed willingness of employers to consider mentally retarded persons for employment; and second, to test the hypothesis that the use of the words "mentally retarded" to describe a potential job-applicant would tend to elicit negative responses from prospective employers (as opposed to a description using the words "of limited intellectual ability").

The industries selected for the study were four in which retardates have actually been employed: (1) hospitals, (2) hotels, (3) laundries, and (4) restaurants. In each of the four, the authors randomly

selected twenty-six of the larger employers--a total of 104 employers. Of these, seven were discarded because of various complications. Ninety-seven questionnaires were mailed: 26 to hospitals, 26 to hotels, 25 to laundries, and 20 to restaurants.

Each questionnaire contained brief case summaries of four retarded applicants (1 woman and 3 men). These individuals had been evaluated as ready for employment in service or unskilled occupations after a period of training and evaluation at two adjustment centers for the mentally retarded. The employer was asked to read the brief descriptions of the applicants and to indicate his willingness to consider the individuals for employment by utilizing the return postcard enclosed.

To test the further hypothesis--that the words "mentally retarded" have a tendency to evoke non-receptive responses on the part of prospective employers--the groups of employers in each industry were randomly halved. One half received questionnaires containing the words "mentally retarded" (the "threatening" questionnaires), and the other half received questionnaires using the words "of limited intellectual ability" (the "non-threatening" questionnaires). A time limit of ten days was set from the time of the mailing of the questionnaires to the final tabulation of responses.

The overall response was 35 per cent, with 34 employers responding. The replies from hospitals were at a 61 per cent rate of return, compared to 31 per cent for hotels, 24 per cent for laundries, and 20 per cent for restaurants. The great tendency among all employers except hospitals was to reply to the "non-threatening" questionnaires at a 2 to 1 ratio. In the case of the hospitals, however, the rate of reply was exactly the same for both the "threatening" and "non-threatening" types of questionnaires.

EMPLOYER RESPONSES TO QUESTIONNAIRES CONTAINING  
"THREATENING" AND "NON-THREATENING" WORDS

SUBJECT	Questionnaire containing "Mentally Retarded"		Questionnaire containing "Limited Intellectual Ability"	
	Willing to Consider	Not Willing to Consider	Willing to Consider	Not Willing to Consider
A	4	7	16	5
B	9	2	16	6
C	9	2	18	4
D	7	3	18	4
Totals	29*	14	68	19

\*23 of these responses were from hospitals.

From these data, it may be said that the employers in this investigation, with the exception of hospitals, tend not to respond, or to reply negatively, to employment inquiries which describe applicants as "mentally retarded." Furthermore, replies from all four industries showed a willingness on the part of the employers to consider the applicants described in the "non-threatening" questionnaire at a ratio of almost 3 to 1, and with no one applicant being particularly noted by any industry.

It is recommended that thorough investigation be made of employer receptivity toward the mentally retarded in industries in which most suitable jobs exist. These investigations should employ interview and follow-up techniques to elicit the largest possible response. Studies should also be made of

actual placements of retardates in industry relative to the (a) length of stay and adjustment of retardates on jobs, (b) measures that can be taken to enlarge employment opportunities for retardates, and (c) minimizing of job change and dissatisfactions.

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## A SURVEY OF PERSONS FITTED WITH OPTICAL AIDS

L. Earl Jennings, Jr.  
North Carolina State College

The purpose of this survey was to investigate the North Carolina State Commission for the Blind optical aids program. Of the 178 persons examined in the Optical Aids Clinic (Memorial Hospital, Chapel Hill) over a period of twenty-four examining days, 158 were fitted with optical aids. Of the 154 questionnaires sent to those who could be reached, there were 116 usable returns (75.3 per cent). The ages of these 67 males and 49 females ranged from 10 to 62, with a mean of 30.5. There were 74 congenitally blind, 38 acquired blind, and 4 unknown. Educational level ranged from 2 years to 19 years of school completed, with a mean of 10.2.

The use of optical aids, the questionnaire responses indicate, improved the ability of both the congenitally and acquired blind in four of the social and cultural items, such as reading newspapers, books, personal mail, and looking up telephone numbers; a larger percentage of the acquired blind, however, received such benefit. In the other eight social-cultural items, such as seeing television, seeing the movies, walking about, seeing scenery while riding in a car, recognizing friends, shopping, doing home work, and doing their personal grooming, the use of optical aids yielded no improvement in either group.

Regarding the economic items, such as: Has the

use of optical aids helped you to get a job, helped you to get a better job, helped you to increase your income, and helped you to perform your job with greater ease, it was found that the acquired blind had received more economic benefits from the use of optical aids. Concerning attitudes, the data reveal a larger percentage of the congenitally blind as pleased with their optical aids and wearing them in public places.

The males in grades 9 through 12 and the females in grades 1 through 8 received the most social-cultural and economic benefits. The males had a better attitude toward optical aids and the optical aids program than did the females. It was interesting to note that optical aids had helped the males only in the reading items, while they had helped the females in the reading items plus two other social-cultural items, namely, in seeing television and recognizing friends.

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#### FACTORS AFFECTING ADJUSTMENT TO DISABILITY

Robert G. Waltz  
Wayne State University

The client's attitude toward his disability will depend on several factors. Is it a congenital disability, in what period of his psychosexual development was this disability sustained, how has it altered his self-percept, and how has it altered others' concept of him?

If the disability is a congenital one and is not of so severe a nature as to render the individual socially unacceptable, he will undergo less traumatic experience. While there are pressures upon the ego from without as well as from within, there is no need for a drastic change of self-percept. This after all is the same organism with which the ego identified.



If the disability is sustained during adolescence, the impact will be much greater psychologically than at any other period of life. The adolescent is most acutely aware of himself and his body as he perceives it. Therefore, a change in his self-percept caused by disability may have psychological effects on the organism equal to, if not greater than, the physical disability itself.

The older person's attitude toward his disability will depend on a number of things: the disorganization of self-percept; the degree of emotional stability prior to the disablement; the amount of spiritual and emotional strength he has to draw on; the degree to which he will be able to fulfill his former role; the amount of guilt, if any, he feels for having occasioned the changed status. His view of himself will be conditioned largely by the way in which he responded previously, whether negatively or positively, toward people who sustained the same disability of which he is now a victim.

Of central importance are the attitudes of the family. Were the father to be disabled, for example, the attitude of his wife would naturally be different from that of the children, since her involvement includes the concept of wife as well as mother. Does she still regard her husband as a mate? Can she still conceive of him as a breadwinner? Can she think of him yet as a father figure for her children? In short, is he the head of the family and all that this implies?

What effect does the disability have on the children? Do they feel secure in the father-child relationship? What fears, what negative reactions, do they have about this altered father image? Is he a stranger they cannot accept? Do they continue to respect the father as the head of the family and its support?

Can the family individually and collectively



accept his disability and give him the emotional support he needs? This of course will depend to a large degree upon the type of disability, whether permanent or temporary, whether severe or mild, but most of all the character of the intra-family relationship as it was.

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## THE NEED TO AVOID AMBIGUITY IN REHABILITATION COUNSELING

Doris Linden  
San Francisco State College

Ambiguity has been defined as that characteristic of a situation which does not elicit the same response from everybody. Ambiguity arises out of the interpersonal relationships between two people. It is limited by the development of the definition of each person's role as it affects the other and each person's expectations as to the outcome of their relationship. These definitions and expectations develop out of the interaction of the two people.

This paper contends that the rehabilitation counselor should define his role to his clients and structure the relationship in order to avoid ambiguity, since ambiguity is a therapeutic tool not included in the armamentarium of the rehabilitation counselor. Ambiguity is used in psychotherapeutic situations in varying degrees to elicit significant emotional reactions, thus enabling the therapist to better understand client motivations and facilitating transference. Consequently, the use of ambiguity would be more extensive in Freudian psychoanalysis, for example, than in a counseling relationship where an intense transference is not being developed. When the counselor finds he has created a situation with which he is not prepared to cope adequately, he may develop considerable anxiety.

A most important reason to avoid ambiguity in re-

habilitation counseling is its relation to anxiety in clients. Ambiguous situations tend to produce insecurity and a high degree of tension and anxiety. Many rehabilitation clients are already functioning under a high degree of anxiety when they come to the agency for help. Although a certain optimal level of anxiety is beneficial in motivating the client, an overwhelming amount may paralyze him emotionally, making it difficult for him to move in the direction of rehabilitation goals.

With post-psychotic clients there is an even greater need to structure the counseling situation for their comfort and security since they need the greatest help in reality reinforcement and ambiguity can be extremely detrimental. Ambiguous family relationships are often found in the life histories of schizophrenic patients and possibly contribute to the development of their mental disease in the first place! Also, with mentally retarded clients, an ambiguous counseling relationship is likely to be extremely confusing and of no particular help to the client.

In spite of this need to avoid ambiguity in rehabilitation counseling, it would be of course impossible to avoid it completely. The entire field of general semantics is primarily concerned with the ambiguity of verbal communication, and, more recently, with the resultant effect on human behavior. The important thing here is not the solution or elimination of the whole problem of ambiguity but, as in the case of transference, its recognition. Counseling is a form of communication and like any interpersonal situation it may have ambiguous characteristics. Added to this will be cultural and experiential differences between counselor and client which may add to ambiguity.

It is the responsibility of the counselor to determine whether ambiguity is in some way serving his needs, or fulfilling the expectations of the client,

or the result of his attempts to be nondirective-- and then to attempt to control this factor if it arises in spite of limitations set on the amount of ambiguity he has permitted in the relationship. Too highly structured a counseling situation would be stifling and a certain amount of ambiguity is not only inevitable but a necessary accompaniment to the type of permissive atmosphere in which the client can grow.

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### THE PRIVATE VOLUNTARY REHABILITATION SERVICE

Robert Thornton  
Boston University

There are now two major agencies in the community which can offer rehabilitation aid and counseling. These are the private voluntary health associations, such as the local Tuberculosis Association, and the state rehabilitation services. In general, the state rehabilitation agency requires, among other things, that the eligible candidate for rehabilitation have a feasible vocational goal. Because of the time and money involved, the emphasis is upon vocational placement or educational placement to attain vocational placement. The state rehabilitation agency rightly expects certain things of the eligible client and evaluates carefully the cases of clients referred to it for services.

The rehabilitation emphasis of the private health agency is somewhat different. The private voluntary agency does much case finding. Many who need rehabilitation help hesitate to seek it out on their own initiative even when they desire it. Others do not know where to turn for rehabilitation aid. The fact that the private health agency is voluntarily supported by the community perhaps makes it easier for it to seek out such persons. It can more readily approach the prospective client as an interested friend rather than as a compulsory tax-supported state authority.

The easy establishment of counseling rapport and the reduction of attendant anxiety within the client can be important in the beginning phases of any rehabilitation program. Though the private voluntary health association does not have comparable funds to spend on the rehabilitation of a client, it can save the state rehabilitation agency time by evaluating and preparing the client for state rehabilitation aid.

The voluntary agency can help in determining whether or not the client will be a good risk for further rehabilitation services. Occasionally a client is eligible for state rehabilitation services but is not feasible because of a lack of motivation for rehabilitation despite counseling aid or the impossibility of any type of placement beyond custodial care after a careful evaluation has been done. But such non-feasible cases need never be closed out by the private voluntary rehabilitation service and can be more easily followed up by this service.

The rehabilitation service of the voluntary health association may have much to do by way of "Pioneering" exploration and demonstration. The voluntary health association with a rehabilitation service is perhaps currently better fitted and more flexible than the state rehabilitation agency to look into the rehabilitation aspects and problems of the psychotic, alcoholic, dope addict, geriatric, and mentally retarded and brain injured, whose rehabilitation goals can also involve more avocational and life adjustment aspects than vocational factors at first.

There is no doubt that future legislation will allow the federal-state supported rehabilitation effort to deal with many of these aforementioned problems. But in a "grass-roots" democracy the voluntary rehabilitation agency may always be needed to demonstrate the need for federal-state rehabili-

tion aid as has been true in the past. Also at the community level the voluntary rehabilitation counseling service can help "fill in the chinks" in a total rehabilitation program.

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#### WHAT CAN OCCUPATIONAL THERAPY OFFER THE VOCATIONAL REHABILITATION COUNSELOR?

Elizabeth A. Ferris  
Wayne State University

The vocational aspect of occupational therapy is fast becoming the focus of thought in many occupational therapy (O.T.) circles. With those whose vocational problems are involved and difficult, it becomes essential to furnish the rehabilitation counselor with the most definite pre-vocational evaluation that is possible. How can O.T. best meet this challenge? How else can O.T. aid the rehabilitation counselor?

For many years activities have been included in O.T. programs for the physically disabled under the heading of Activities of Daily Living or ADL. The aim of ADL is to devise new approaches to the age-old tasks that result in personal independence. It seems reasonable to assume that a person cannot meet the demands of the occupational world if he is flagrantly deficient in the skills of daily living, not to mention the psychological significance of such skills. Most O.T. units in rehabilitation centers have a self-care checklist which includes such items as dressing, feeding, toilet care, sitting, standing, and walking. The O.T. also appraises fundamental hand motor skills, such as the manipulation of gross and fine objects, and evaluates special eye-hand coordination and depth-perception problems. How can the vocational counselor apply such information to the formulation of vocational goals? An ADL inventory will answer questions such as: Can the patient get to work by himself?

Can he carry a lunch tray and eat without help?  
Can he use public toilets? Can he handle money and  
how effectively can he use tools?

The O.T.'s prolonged contact with a patient in a working situation provides information concerning the patient's interests and abilities; his speed of learning; his ability to retain what he has been taught; his initiative and perseverance; and his cooperation and self-confidence. She knows what types of activities the patient finds satisfying, what conditions he is particularly sensitive to, his ability to conform to standards and to accept instruction, how much pressure he can tolerate, how much direction he needs, and other work habits. It is often stated that the O.T.'s observations are largely subjective in nature and that they are merely elaborations of material that the psychologist can elicit with tests. For this very reason they are important. Tests are limited and if the O.T.'s findings do not agree with test findings, there good reason to make further evaluations. In addition, many tests cannot be used with people who speak only a foreign language, have low intelligence, or are illiterate.

Many roles may be played by the O.T. during the patient's convalescence--some conscious, others unconscious. At various times the O.T. may be a prodder, encouraging the patient when he wants to stop; a supportive listener; a dominator; or a scope increaser, depending on the basic personality of the patient (and the therapist). There are a number of patients who are physically capable but whose fears and anxieties block them from full benefit of a rehabilitation program. Since the patient actually carries out his physical retraining in O.T., the patient-therapist relationship becomes a major tool in helping such patients overcome some of their psychological difficulties.

In many state psychiatric hospitals an industrial

therapy program exists, under the supervision of the O.T. department. Although not a panacea for emotional illness, this area of O.T. appears to be a valuable adjunct to improved adjustment. A wide variety of jobs exists, including buildings and grounds maintenance; food service; laundry, sewing and upholstery; furniture repair; messenger service; clerical work; projectionists; recreation and library assistants. Scheduled coffee breaks provide a normal social situation and have proved beneficial. Efforts are made to see that patients do not remain at one level of any assignment since the correct job for a patient at one time may not always continue to be so. Leaving a patient in a job month after month simply because he seems to like it and becomes adjusted to it often encourages hospitalitis. Patients may become so secure in their work that they have no desire for anything new, including leaving the hospital.

Although there are various new developments emerging concerning pre-vocational exploration in occupational therapy, the foregoing illustrations represent sources of information which are inherent in every O.T. department. Through the joint efforts of the occupational therapist and the vocational rehabilitation counselor such information can be made readily available for use in intelligent vocational planning.

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#### THE ROLE OF PSYCHOLOGICAL SERVICES IN THE REHABILITATION PROCESS

Charles R. Poor  
Oklahoma State University

Any attempt toward segmentation between the fields of psychology and rehabilitation would be unwise. For, at what time is an understanding of psychological principles and phenomena of more value to any helping person than when the smoothly running



vehicle known as man is not only abruptly halted-- either physically, mentally, or both--but oftentimes forced into reverse?

Some persons maintain, "Get a man straightened out psychologically and his improved attitude will motivate him toward more successful physical restoration." This is true. Others declare, "Rehabilitate a man physically and these obvious improvements will assist him in any psychological difficulty he might have." This is also true. Both areas of rehabilitation--psychological and physical--can be carried on simultaneously, each lending support, encouragement, and aid in general to the other.

Yet, we feel that a complete type of absorption between a client and one counselor is more beneficial than a client's being involved in multiple counseling relationships carried on simultaneously with various professional persons. This contention does not attack or minimize the idea of the team approach. Certainly there are contributions to be made by all members of any professional group

Psychological testing, though by no stretch of the imagination perfect or completely adequate, is at this time our best tool for obtaining sound psychological information. Tests, or any psychological measurements, should be used with an ever present realization of their susceptibility to error and the non-finality of any psychological instrument given to any individual under any conditions.

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#### THE MARGINALLY EMPLOYABLE: A RECOMMENDATION

Raymond A. Ehrle  
University of Missouri

As a nation we are advancing in scientific and technical knowledge at a tremendous rate. In view of the long term relative decline of requirements for



unskilled and farm workers, opportunities for individuals of marginal employability to secure employment in these types of activity have decreased and will continue to decrease. In addition, it is expected that with the demands of our changing technology, advances in automation, continued urbanization, changes in the family structure, and greater social pressures and demands, a greater proportion of people will assume a status of marginal employability. A representative number of these will be applicants for vocational rehabilitation services. The marginally employable are, in a sense, inevitable waste products of our culture and technology who cannot be efficiently used in their present condition by our society.

It is recommended that the Federal government investigate the feasibility of establishing a system of sheltered workshops for physically or emotionally handicapped persons who cannot effectively compete on the labor market. The workshops should incorporate the best features of existing privately supported workshops, the pre-World-War-II Civilian Conservation Corps, and a continuing adult education program. They would also function as a manpower pool available to industry. Federal subsidy would absorb any deficit in the event workshops are not profitable enterprises and Federal supervision would prevent the exploitation of individuals involved.

Handicapped persons of marginal employability, as defined by the economy at any given time, would be offered employment in these sheltered workshops on a voluntary basis. They would be paid a wage commensurate with their status--somewhere between public relief payments and the going wage rate, depending on individual productivity. For some, this would be terminal employment; for others, it would be a temporary testing situation--whenever they felt able to compete on the labor market, they would be free to do so.

## MANDATORY HIRING OF THE DISABLED

Jerome Lewis  
San Francisco State College

The Disabled Persons Act in Great Britain requires a register of disabled persons to be maintained by the Ministry of Labour. Registration is voluntary but before any disabled person can be admitted to the register he has to prove, among other things, that he is substantially handicapped in getting or keeping suitable employment on his own account, and that his disablement is likely to last at least six months.

Under this Act, every employer with 20 or more workers is required to employ a quota, at present 3 per cent of registered disabled persons. An employer may not discharge a registered disabled person without reasonable cause if such a discharge would leave him below his quota. One of the major values of the quota system is that it has provided a sound basis for publicity among both employers and working people to show the industrial value of disabled persons.

Workers referred to employers are thoroughly trained for employment in a particular job and certified not only in this respect but along medical lines, as well. These are not workers to be carried along on the payroll as charity recipients, but workers capable of doing a full day's work.

It is proposed here that the U.S. Vocational Rehabilitation Act be extended to include a mandatory quota system in the hiring of the disabled, thus insuring their right to work. The struggle in the world political arena may well be decided by the superiority that one country can demonstrate over another in the area of human rights.

## TEACHING AND REHABILITATION: A BIRD'S-EYE VIEW

Janet Styne  
Hunter College

Rehabilitation counseling need not be confined to an immediate vocational goal, but indeed could fill a very empty space in the gamut of services offered by school systems to their handicapped children. Because of weak areas in teacher training programs, and inadequate in-service courses, there are scores of teachers who do not recognize abnormal behavior. The child in question is often dubbed a "mean kid," a disciplinary problem, a slacker, a child of low mental ability (no matter what that achievement test says), and so on. If the child has an apparent physical disability, his behavior is attributed to that and that's that. Somewhere along the line the handicapped child is placed in a room where the teacher has had some training and the need for referral is recognized. Three to six months later (luck prevailing), the case is picked up by the school psychologist, who has been so flooded with work interpreting the district achievement tests and testing the mentally gifted for experimental classes, that she hasn't had the time to start her work with the handicapped. Nor is this area truly within the realm of the psychologist. It is, in reality, an area for which there is no school service provided, so it is tacked on to the duties of the school psychologist or the school nurse, whoever is most available.

Shouldn't there be someone in the district to advise the teacher about how to teach and test her handicapped children? Shouldn't there be someone there to counsel the parents of these children as to the nature of the disability, the limitations the handicap places upon the child, and how to help the child make full use of his existing capabilities? Shouldn't there be someone there to coordinate whatever services are available for the handi-

capped in the community, and actively work for other needed, non-existent ones, such as vocational training of the handicapped teen-ager in the high school? Couldn't the psychological, social, and physical effects of disability be alleviated by treating the individual before he is an adult?

According to my interpretation, there is a definite future for rehabilitation counseling in educational systems, beginning at the elementary level. This would be not strictly a vocationally oriented program, but rehabilitation of a preventative nature. I would like to see itinerant rehabilitation counselors acting as advisers to the classroom teachers, as instructors of in-service courses, as counselors to the handicapped child and his parents, and as coordinators of community resources, working in cooperation with the psychological services of the system.

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#### THE ROLE OF A STUDENT ORGANIZATION IN THE DEVELOPMENT OF PROFESSIONAL ATTITUDES

Marvin S. Arffa, Richard E. Valinsky,  
and Howard Weiss

University of Buffalo

The professional training of counselors is a relatively new concept in the overall area of rehabilitation. One aspect of this new facet of rehabilitation is the dynamic growth that has taken place, not only among some of the leading universities and college offering counselor training programs, but within the student bodies themselves. One example of this growth is the Rehabilitation Counseling Association of the University of Buffalo. This organization is a student group whose basic purpose is to assist students develop their professional roles as counselors. The group was initiated and is conducted by the students themselves

with faculty assistance.

One assumption underlying the establishment of our student organization is that professional attitudes are largely begun and developed during the training process. The training program endeavors to help the individual to master a great deal during the short period of two years. The trainee is exposed to a complete array of academic courses, practical experiences, and counseling situations under appropriate supervision. However, the student is expected to do more than acquire a body of knowledge and master skills for using the new information. He is expected to change old attitudes and develop new ones. In essence, he is expected to acquire a philosophy of rehabilitation which may help guide his professional role. The responsibilities of rehabilitation counseling go far beyond making a living and providing competent and skillful services to clients. They include unending concern for the qualitative development of the profession, the expansion and improvement of rehabilitation facilities, and the education of the public.

In the light of these assumptions, it would seem that production of future leaders capable of advancing the highest goals and philosophies of rehabilitation depends partly on the earliest possible participation and involvement in professional activities. A sign of progress in rehabilitation during the past few years has been the tremendous expansion of the Division of Rehabilitation Counseling of the American Personnel and Guidance Association. We feel that a student organization of our nature can facilitate the development of professional thinking by promoting membership in professional organizations. (One hundred per cent of our students are members of the A.P.G.A.) Further, we can stimulate participation in national conventions. (Over three-fourths of our students have attended the last two national conventions.)

It is felt that our organization is affording the students an opportunity to experience at an early stage of their development many of the benefits and responsibilities of membership in professional-type organizations. These advantages include: complementing the formal instructional program; encouraging a constant emphasis on research; assisting in recruitment and talking to potential students; communication and group identification among fellow students; communication with other students in allied professions; and communication with leaders in the field of rehabilitation today.

As a result of our experiences, we see the potential value of expanding this type of organization on a national level so that all rehabilitation counseling students may benefit. In suggesting this, we conceive of the necessary development of a generic type of training experience for all potential rehabilitation counselors. Counselors must become more aware of their common roles.

Toward these ends, we suggest the following activities: (1) the establishment of a student newsletter to communicate information among students on a nation-wide level, and (2) student group affiliation with professional organizations (such as the A.P.G.A.) with possibly a place on the national convention calendar where attending students may meet for social and professional purposes related to their mutual growth. The authors would be pleased to receive comments regarding their proposals. We may be contacted through the Rehabilitation Counselor Training Program, The University of Buffalo, Buffalo 14, New York.

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The Editor elbows in to remind readers that the Bulletin also welcomes their comments. He wishes to make clear, too, that the following are only brief excerpts from longer papers.

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## EPILEPTICS: STILL IN CHAINS?

Jack M. Sink  
West Virginia University

Epileptics are frequently refused an education because parents do not wish their children to see a "fit", offering the excuse that it may frighten the children. Sure it will frighten them, just as much as the first hysterical fit of anger that they saw their mother or father have. But did the fits of anger stop? Of course not. The children learned that the parent's behavior would again be normal as soon as the wave of anger had passed. This is the main problem of the epileptic. People do not accept his behavior with the knowledge that he will again be a normal individual when the seizure is over.

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## PLACEMENT OF FUNCTIONAL POST-PSYCHOTICS

Mary Ann McClain  
West Virginia University

The most important factors contributing to the development of functional psychosis in the individual are stress, stability of personality, and their interrelationship. Employers should be helped to understand that although unstable personality structure contributes to the development of psychosis, the most stable individual may develop functional psychotic reactions in cases of extreme stress.

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## PSYCHOTHERAPY IN THE TREATMENT OF MENTAL DEFICIENCY

Joe Panepinto  
West Virginia University

With the insights gained through the holistic or



total person approach to disease and disability, much has been done in the rehabilitation of the mentally retarded. Through this approach, less emphasis has been placed on the intelligence test as the single method for diagnosing mental retardation. It has been learned that the intellectually deficient are capable of making adequate social and vocational adjustments when properly placed. While many of the mentally retarded do suffer emotional as well as intellectual disabilities, psychotherapy has not been sufficiently recognized as a treatment method from which such an individual is able to benefit. A causal relationship between an individual's IQ and his ability to benefit from psychotherapy cannot be assumed.

#### AN IMPLICATION OF REHABILITATION

Edward Sackstein  
Hunter College

A disabled individual who is accepted for rehabilitation is "given the works". That is, he is evaluated physically, mentally, and emotionally. He is often restored to his optimum abilities and capacities and trained for work at his highest level of skill. In some cases the client emerges with greater skills, higher earning potential, higher level of work responsibility, and a better future outlook. None of this would have been accomplished if the client had not been disabled.

Many of today's high school and college students plan their futures poorly, without direction and unrealistically. If these people were also "given the works" in terms of evaluation, counseling, and formation of realistic goals, everyone would be that much more ahead. Both society and the individual would benefit. One can question seriously whether, in these respects, government's responsibility to the disabled citizen should not also be as great to the non-disabled citizen.



## REHABILITATION NEWS

California: In February, 1960, Los Angeles State College, in cooperation with the California Conference of Workshops for the Handicapped, held a training institute for rehabilitation workshop directors. A summary of the proceedings of this institute is now available under the title New Horizons for Workshops for the Handicapped. For a copy, write to Dr. Joseph Stubbins, Coordinator, Rehabilitation Counseling Program, Los Angeles State College, 5151 State College Drive, Los Angeles 32, California.

Dr. Bernard Somers, Senior Psychologist, Institute for the Crippled and Disabled, New York City, has joined the staff of the Rehabilitation Counseling Program at Los Angeles State College. Dr. Somers' special interest is in psychological aspects of disability. He will also be involved in supervision of students in field work.

Mildred Edmondson and Martin Acker have been appointed co-chairmen of the Division of Rehabilitation Counseling's Ad Hoc Committee of Local Affiliation.

John Donald Clark, Rehabilitation counselor trainee at San Francisco State College, served during the past summer as the first vocational counseling in a mental institution operated by the state.

Donald Crawford, Rehabilitation Counselor, Oakland District Office of the state Vocational Rehabilitation Service, is now Director of Vocational Services at May T. Morrison Rehabilitation Center in San Francisco.

Colorado: Members of rehabilitation counselor training faculties and directors of state vocational rehabilitation agencies will meet at Boulder, December 8-10, 1960, in a continuation of their joint efforts to deal with matters of mutual concern. As

part of a series of seminars on curriculum development, this workshop will focus its attention on the topic, "Occupational Information and Employment."

Delaware: The Rehabilitation Division's OVR Extension and Improvement Project for fiscal year 1960 was designed to improve services to special disability groups who formerly were considered too severely impaired to be feasible for rehabilitation services. Of the 44 clients accepted for service, 16 were mentally ill, 7 mentally retarded, 7 orthopedic, 3 epileptic, and 11 multiple sclerotic, cerebral palsied, paraplegic, or otherwise severely disabled. Of the 39 who entered training, 3 were rehabilitated, 7 are employed by not yet closed, 5 are in training interrupted status, and 24 more are still in training. It is anticipated that most of these cases will be rehabilitated during fiscal year 1961.

District of Columbia: The International Health Research Act of 1960 (Public Law 86-610) was signed by the President on July 12. This act empowers the President, the Secretary of HEW, and the Surgeon General "to advance the status of the health sciences ... through cooperative endeavors with other countries." Through the use of "counterpart funds" (foreign currencies available under the Mutual Security Act and other agreements), research is to be supported "relating to the causes, diagnosis, treatment, control, and prevention of diseases and impairments...or to the rehabilitation of the handicapped."

OVR's bimonthly publication, Rehabilitation Record, is distributed without charge to "cooperating voluntary agencies and organizations." Subscriptions at \$1.75 and single copies at 30 cents are available from Superintendent of Documents, Washington 25, D.C.

Illinois: Conference of Rehabilitation Centers and Facilities, Inc., 828 Davis Street, Evanston, publishes a bimonthly bulletin, Conference News. Its

1960 Workshop is to be held December 2-6 in Berkeley, California.

National Epilepsy League, Inc., 208 North Wells Street, Chicago, offers single copies of two publications prepared by Dr. George N. Wright, Program Director. One is an annotated bibliography of professional (nonmedical) literature on epilepsy since 1955. The other is a Special Issue of the League's newspaper, Horizon, presenting a collection of pamphlets designed for epileptic clients and other lay readers.

Michigan: Under an OVR research fellowship, William F. Hunter, doctoral candidate in rehabilitation counseling at Michigan State University, is comparing the space perception of the sighted and the congenitally blind.

New York: The New York State Institute on Sheltered Workshops will hold its Fourth Annual Institute at the Sheraton Inn, Binghamton, October 17-18, 1960. Theme: Standard Setting and Evaluation of Sheltered Workshops.

The International Conference on Public Personnel Administration will be held at the New Yorker Hotel, New York City, October 23-27, 1960. On October 24 Adrian Levy will appear on a panel devoted to the discussion of "Practical Physical Standards for the Public Service."

The Office of Vocational Rehabilitation has notified Governor Rockefeller that New York State had the highest number of successful rehabilitants in the State-Federal vocational rehabilitation program for the fiscal year ending June 30, 1960. The Division of Vocational Rehabilitation reported 6,294 rehabilitants and the Vocational Rehabilitation Services for the Blind reported 271 for a state total of 6,565.

DVR's new administrative address is State Education Building Annex, Albany 1, New York.

Among the many grants from OVR in New York is a recent one to the Berman School, Inc., Freeport, Long Island, New York. This grant is for the purpose of investigating the contribution of a treatment-oriented work-study program to the vocational rehabilitation of emotionally disturbed adolescents.

For a copy of A Career with a Challenge--Vocational Rehabilitation Counseling of Blind Persons, by Maxine Wood, write to Arthur L. Voorhees, American Foundation for the Blind, 15 West 16 Street, New York 11, N.Y.

Pennsylvania: To make the most effective use of the funds being allocated by the Pennsylvania Department of Public Welfare for the establishment and expansion of workshops for the mentally retarded not considered to be rehabilitable, all the interested agencies and organizations in Allegheny County have developed a community plan providing for coordination, proper screening, appropriate workshop placement, re-evaluation at regular intervals, review for rehabilitation referral of those individuals who appear to have progressed, and planning for future growth. The groups involved include Goodwill Industries, Community Chest, Health and Welfare Associations, Pennsylvania Association for Retarded Children, United Mental Health Services, and United Vocational and Employment Service.

Texas: J. J. Brown, Director of Texas DVR since its beginning in 1929, retired effective August 31. This pioneer in the field of vocational rehabilitation has been succeeded by C. G. Fairchild, formerly assistant director, and associated with Texas DVR since 1939.

Six DVR counselors attended a three-week institute on advanced counseling techniques at Texas Techno-

logical College, Lubbock, in July. They were G. C. Holder (Ft. Worth), William McFarland (Sanitorium), Max Odom (Austin), Tiller Carter (San Antonio), Robert Ludtke (Austin), and Robert Winton (Lubbock).

A one-week regional workshop on psychological aspects of blindness was held at Texas Technological College in September. Twenty traineeships were available to state rehabilitation agency personnel in Arkansas, Louisiana, New Mexico, Oklahoma, and Texas.

West Virginia: DVR has created an additional district with headquarters at Huntington and Cornelius L. Williams as Supervisor. Covering four counties, the district includes Lakin State Hospital, Huntington State Hospital (with administrative control of the Rehabilitation Unit there), and two rehabilitation houses. The counseling staff includes Eddie Mickel, Lee Roy Hamilton, and Dillard Mills. Replacing Williams as Administrative Assistant, Huntington Rehabilitation Unit, is Trealy Pennington, promoted from Counselor and replaced by John Morris, Counselor, Charleston District Office.

S. Thomas Serpento, Senior Counselor, Morgantown Branch Office, resigned to accept employment with West Virginia University Personnel Department. Replacing him is John Panza, Counselor, Clarksburg. Morgantown Branch Office has employed Sheldon Downes, graduate of Rehabilitation Counselor Training Program, West Virginia University.

Marshall College, Huntington, is the site of the Third West Virginia Conference on the Handicapped, September 28-29, 1960.

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#### OF MANUSCRIPTS, MOBILITY, AND MEMBERSHIP

MANUSCRIPTS should be sent to Dr. Daniel Sinick, Editor, San Francisco State College, San Francisco 27, California.

CHANGES OF ADDRESS and related inquiries should be sent to the American Personnel and Guidance Association, 1605 New Hampshire Avenue, N.W., Washington 9, D. C.

MEMBERSHIP in the Division of Rehabilitation Counseling, American Personnel and Guidance Association, includes a subscription to the Rehabilitation Counseling Bulletin.

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If you are not a member, we invite you to join the Division of Rehabilitation Counseling. Please complete this and mail it to Dr. Marvin R. Wayne, DRC Membership Chairman, Hunter College, New York 21, New York.

Name \_\_\_\_\_

Address \_\_\_\_\_

Member of APGA: Yes \_\_\_\_\_ No \_\_\_\_\_

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News Editors (continued from back cover)

Georgia: Bruce Hall, Division of Vocational Rehabil-  
itation, State Office Building, Atlanta, Georgia

New England States: John F. Mungovan, Division of  
the Blind, 14 Court Square, Boston 8, Mass.

New York, New Jersey, Pennsylvania: Kenneth Hylbert,  
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West Virginia: Wade O. Stalnaker, College of  
William and Mary, Richmond, Virginia

Alaska: Ray Hruschka, Office of Vocational Rehabili-  
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Hawaii, Guam: Mrs. Elizabeth Morrison, Bureau of  
Sight Conservation, 1390 Miller Street, Honolulu  
13, Hawaii

Puerto Rico: Domingo Collazo, Vocational Rehabilita-  
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Division of Vocational Rehabilitation, 1178  
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140 West Midwest, Casper, Wyoming

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C. Stanley Potter, Services for the Blind, 117  
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Mississippi

Texas: Mrs. Julia Young, Commission for the Blind,  
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Division of Vocational Rehabilitation, 145 West  
Washington St., Indianapolis 4, Indiana

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